

LYMPHADENOPATHY (LAN) IN CHILDREN

Also think about ... TB

Is there a history of TB exposure, travel to a high risk area - discuss concern with local infectious disease specialist.

Table 1

	Green – Low risk	Amber – Intermediate risk	Red – high risk
Size	Less than 2cm	Lymphadenitis / lymph node abscess – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever. EBV – cervical or generalised LAN, exudative pharyngitis, fatigue, headache +/- hepatosplenomegaly. Atypical mycobacterial infection – non-tender, unilateral LN enlargement, systemically well. Most common between 1-5 years of age. Progresses to include overlying skin discolouration. Consider mycobacterium tuberculosis – any risk factors? Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens.	Larger than 2cm and growing
Site	Cervical, axillary, inguinal		Supraclavicular or popliteal nodes especially concerning
History	Recent viral infection or immunisation		Fever, weight loss, night sweats, unusual pain, pruritis
Examination	Eczema, Viral URTI		Hepatosplenomegaly, pallor, unexplained bruising

Reactive LAN

- Reassure parents that this is normal - improves over 2-4 weeks but small LNs may persist for years
- No tests required
- Provide advice leaflet

LAN due to poorly controlled eczema

- Generalised LAN extremely common
- Check eczema treatment being administered as prescribed.
- If LAN persists despite eczema treatment being administered as prescribed, refer to primary care for review
- Provide advice leaflet

Actions

- Refer to primary care for review

Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease)

- Urgent referral to GP / OOH primary care service